## IAP13 Rec'd PCT/PTO 12 DEC 2005

## Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: POST-DISCHARGE PLASMA

STERILISATION DEVICE AND METHOD

Attorney Docket Number::

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: FRANCIS

Middle Name::

Family Name:: DIERAS

Name Suffix::

City of Residence:: BORDEAUX

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 46, RUE DE RUAT

Address::

City of Mailing Address:: BORDEAUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-33000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ANDRÉ

Middle Name::

Family Name:: RICARD

Name Suffix::

City of Residence:: TOULOUSE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 26, RUE RENÉ VAISSE

Address::

City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31400

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MICHEL

Middle Name::

Family Name:: SIXOU

Name Suffix::

City of Residence:: BALMA

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 44, RUE EMILE DEWOITINE

Address::

City of Mailing Address:: BALMA

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31300

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SANDRINE

Middle Name::

Family Name:: VILLEGER

Name Suffix::

City of Residence:: TOULOUSE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing CPAT-VPS, 118, ROUTE DE NARBONNE

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State or Province of Mailing Address::						
Country of Mailing Address::			FRANCE			
Postal or Zip Code of Mailing Address:: F-31062						
Correspondence Information						
Correspondence Customer		00466				
Number::						
Representative Information						
Representative Customer		00	466			
Number::						
Domestic Priority Information						
Application::	Continuity Type::		Parent		Parent Filing	
	·		Application::		Date::	
This application	National Stage of		PCT/FR2004/001640		6/28/04	
Foreign Priority Information						
Country::	Application	Fi	ling Date::	Pr	iority	
	Number::			Claimed::		
FRANCE	03/07799	6/	27/03	Yes	3	

Address::

City of Mailing Address:: TOULOUSE

## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::